

October 1, 2013

Los Angeles County Board of Supervisors

> Gloria Molina First District

TO:

Mark Ridley-Thomas Second District

Mitchell H. Katz, M.D. A Mahym Director FROM:

Zev Yaroslavsky Third District

> Don Knabe Fourth District

SUBJECT

STATUS REPORT ON KEY INDICATORS OF

ISSUES RELATED TO THE TRANSITION TO THE NEW

Michael D. Antonovich Fifth District

Mitchell H. Katz, M.D.

Hal F. Yee, Jr., M.D., Ph.D. Chief Medical Officer

Christina R. Ghaly, M.D. Deputy Director, Strategic Planning

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213)240-8101 Fax: (213) 481-0503

www.dhs.lacounty.gov

δ ensure access to high-quality, ptient-centered, cost-effective balth care to Los Angeles County esidents through direct services at DIS facilities and through ollaboration with community and aiversity partners.

www.dhs.lacounty.gov

PROGRESS, HOSPITAL OPERATIONS, AND OTHER LAC+USC MEDICAL CENTER - PROGRESS REPORT #92

This is to provide your Board with the monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). report is the full monthly operational report with trends to include the month of August 2013.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of August was 550 out of 676 licensed beds, an estimated 80% utilization rate (82% occupancy). The census for Medical/Surgical units was an estimated 91% utilization rate (93% occupancy) for August 2013.

Emergency Department (ED) Indicators

The attachment demonstrates an increase in the average daily census (ADC) and ED boarding times. There was a decrease in ED wait times and the rate of patients who left without being seen (LWBS) in comparison with July 2013. The number of patients transferred out increased for this period compared to July 2013. The Dangerously Overcrowding Level Comparison for August 2013 was 14% compared to 4.6% in July 2013.

If you have any questions or need additional information, please contact me or Henry Ornelas, LAC+USC Interim Chief Executive Officer, at (323) 409-2800.

HO:ab

Attachment

Chief Executive Office C: County Counsel Executive Office, Board of Supervisors

Indicator	Definition	Data	Comments
Indicator #1	l – Trends in Average D	aily Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	Jan '11 May '12 Jul '13 Jul	ADC provided as background information. Graphs depict data from January 2011 to present.
8	,	Note: Average Daily Census number reported includes Medical Center + Psych + Newborns Census.	

Operational Monitoring Report Reporting Period: August 2013

Indicator #1 - Trends in Average Daily Census and Hospital Operations Metrics

1b. Occupancy Rate LAC+USC Medical

Center

Definition:

A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.

Calculation:

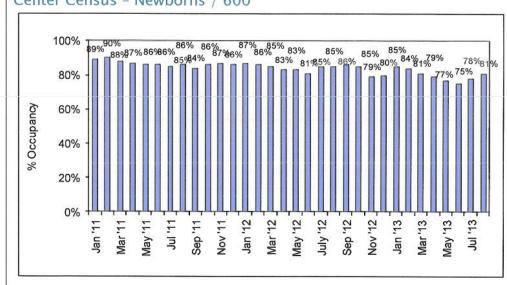
The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.

Source of Data:

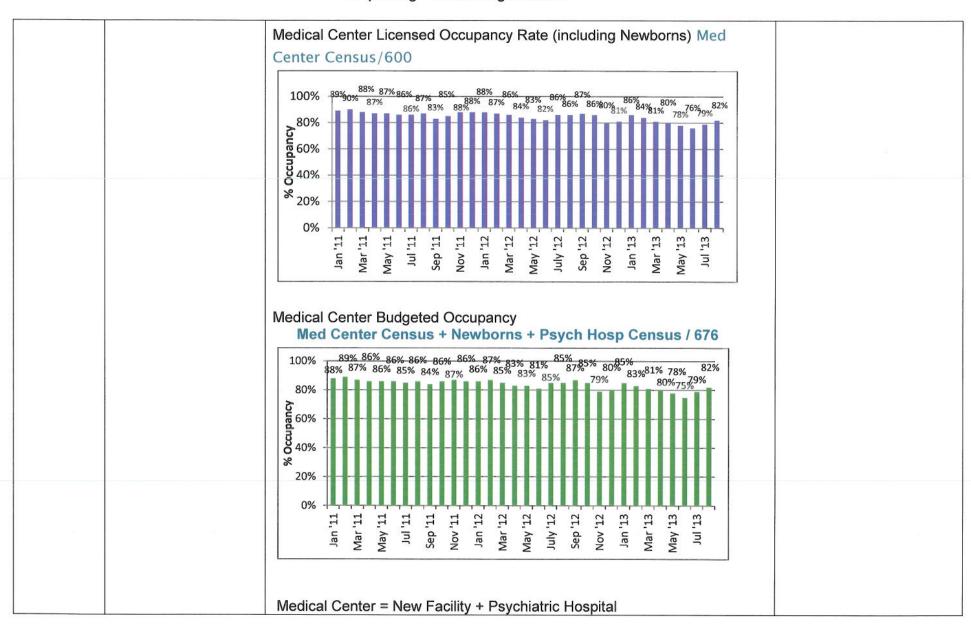
Affinity

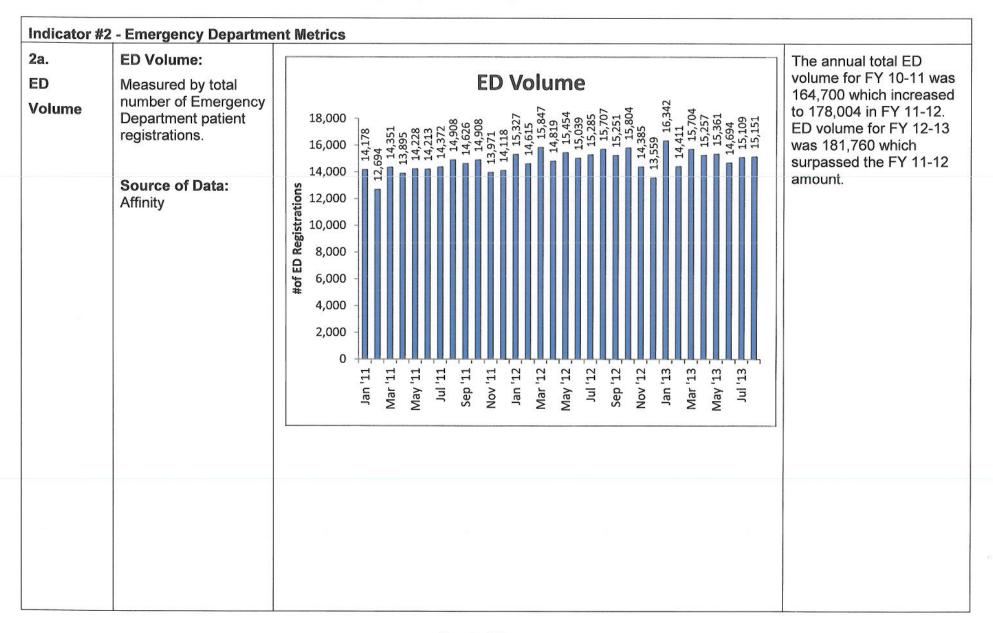
Target: 95%

Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600

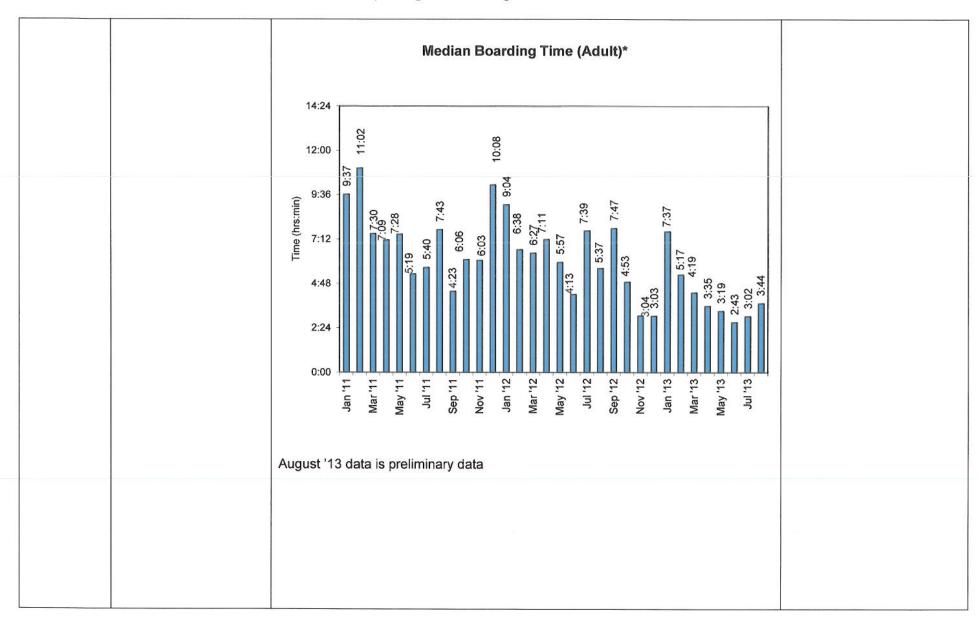


For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.





2b. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED	14:24 12:00 - 11:22 10:08 8:25 9:04 7:37 7:47 7:	
*Harris Rodde Indicator	disposition). Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.	4:48	
	Source of Data: Affinity		
	Target: Less than 7 hours.		



Operational Monitoring Report Reporting Period: August 2013

Indicator #2 - Emergency Department Metrics

2c.

ED Wait Time

ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported

as an arithmetic mean.

Definition:

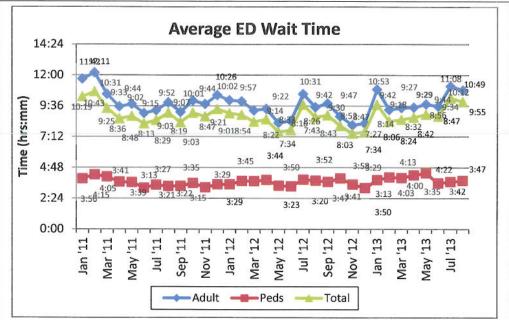
Sum of all wait time values during the monthly reporting period divided by the total number of values.

Source of Data:

Affinity

Target:

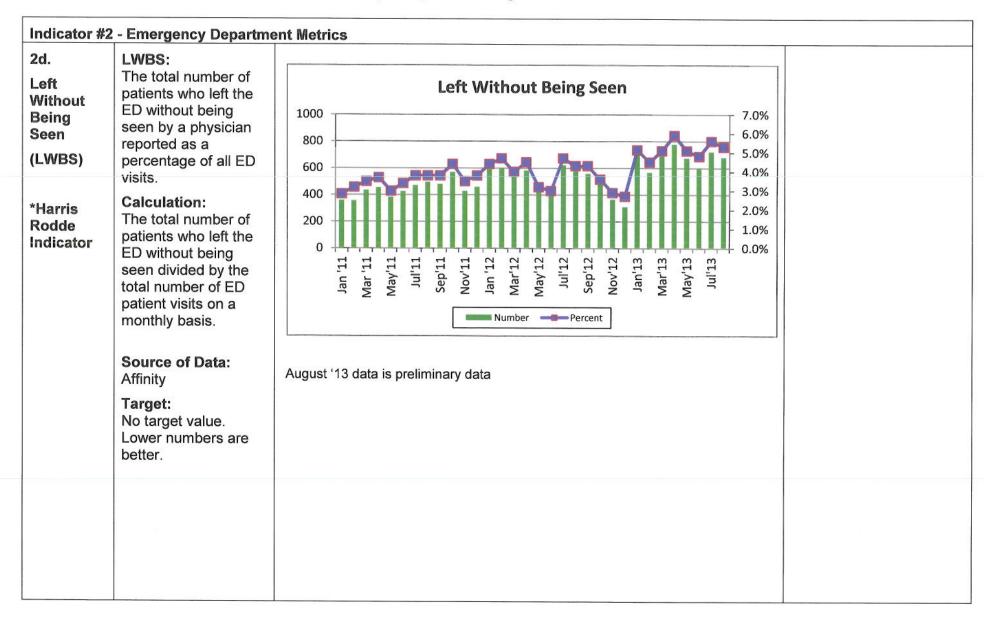
No target value. Lower numbers are better.



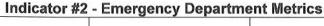
Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients

Total ED Wait time: *Excludes Psych, Observation Unit, and Jail patients

August '13 data is preliminary data



Operational Monitoring Report Reporting Period: August 2013



2e.

ED Diversion

ED Diversion:

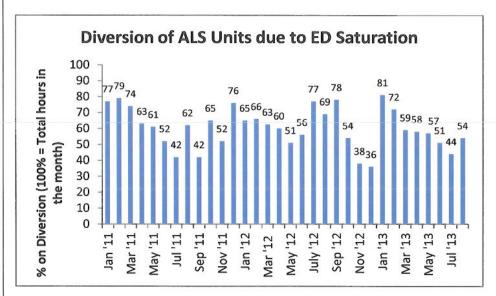
A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.

Calculation:

The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.

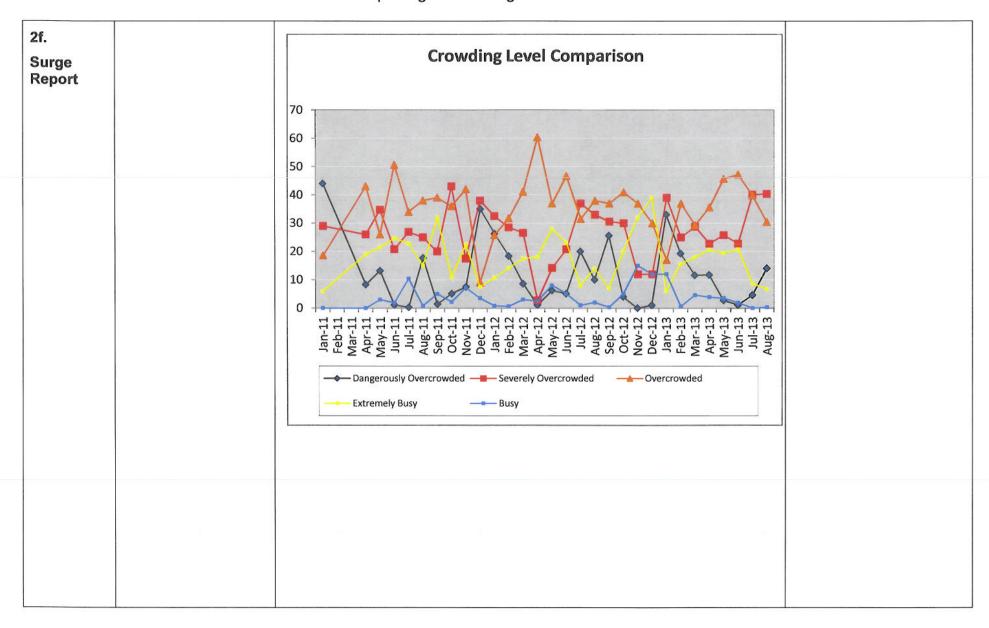
Source of Data:

ReddiNet



Key points:

-- Diversion is for paramedic runs only; Basic Life Support ambulances still arrive. -- When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".



Operational Monitoring Report Reporting Period: August 2013

3. & 4.
Rancho
Los
Amigos
Hospital
(RLAH)
Transfers

Transfers: The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units.

Data Source: Manual record keeping.

Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.

Month of August '13

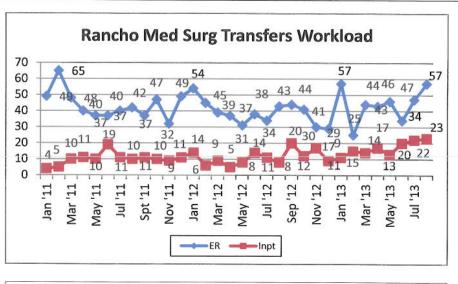
Referrals from ER:

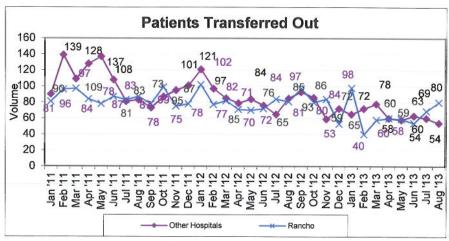
	Med/Surg	Acute Stroke	Total
# Met transfer criteria	24	NA	-
# Referred to RLAH	24	33	57
# Transfers	24	33	57
# Denied	0	NA	-
# Cancelled	0	NA	-
# Patients Refused of Those Cancelled	0	NA	-

Referrals from Inpatients:

	Med/Surg	Acute Stroke	Total
# Met transfer criteria	17	NA	-
# Referred to RLAH	17	6	23
# Transfers	17	6	23
# Denied	0	NA	_
# Cancelled	0	NA	_
# Patients Refused of Those Cancelled	0	NA	•
Other /Pending	0	NA	-

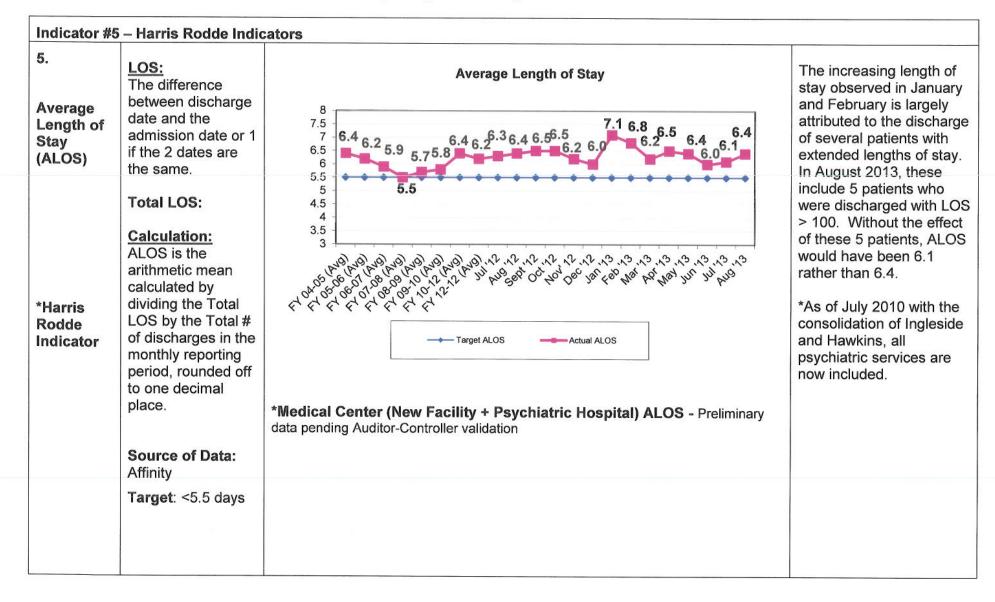
Operational Monitoring Report Reporting Period: August 2013





* Other hospitals = Silver Lake (0), Managed Care Repatriation (54)

Data was revised to reflect total # of patients (including stroke patients) referred to Rancho



6.	Census:	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)
Pediatric Bed	The total number	Jan-11	55%	60%	70%	70%
Census and	admitted pediatric	Feb-11	57%	68%	80%	80%
Occupancy (%)	inpatients at 12:00 AM	Mar-11	57%	60%	70%	75%
	midnight of a designated pediatric	Apr-11	55%	64%	50%	75%
700 TO TO	ward.	May-11	57%	56%	50%	80%
ediatric ICU		Jun-11	70%	52%	60%	75%
ICU)	Occupancy:	Jul-11	58%	44%	50%	70%
eonatal ICU	The total number of	Aug-11	58%	44%	40%	75%
IICU)	admitted pediatric	Sep-11	58%	40%	50%	75%
ediatric Unit	inpatients divided by	Oct-11	55%	52%	60%	70%
	the total number of licensed beds on that	Nov-11	62%	60%	70%	75%
dolescent	unit and reported as	Dec-11	65%	40%	60%	70%
nit	percentage.	Jan-12	60%	52%	60%	75%
	porcontage.	Feb-12	55%	56%	60%	70%
		Mar-12	55%	64%	50%	75%
	Source of Data: Affinity	Apr-12	53%	48%	50%	65%
	/ diffinely	May-12	42%	40%	50%	70%
		Jun-12	37.5%	44%	50%	60%
		Jul-12	45%	48%	60%	80%
		Aug-12	57%	48%	50%	75%
		Sep-12	62.5%	56%	50%	80%
		Oct-12	57.5%	64%	60%	70%
		Nov-12	62.5%	44%	50%	45%
		Dec-12	72.5%	36%	60%	50%
		Jan-13	62.5%	48%	70%	70%
		Feb-13	50%	48%	70%	75%
		Mar-13	53%	44%	60%	75%

	NICU (40 Beds)	(25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Apr-13	53%	40%	50%	55%	
May-13	43%	44%	60%	45%	
Jun-13	48%	48%	50%	35%	
Jul-13	47.5%	32%	50%	60%	
Aug-13	45%	40%	40%	75%	

Indicator #7 – Me	d Surg / ICU / OB/GYN M	etrics					
7. Med Surg / ICU Bed Census and Occupancy	Census: The total number admitted inpatients at 12:00 AM midnight of a	Date	Med Surg (309 beds)	Jail (24 Beds)	ICUs (120 Beds)	Burn* (20 Beds)	OB/GYN (Med Surg) (32 beds)
(%)	designated ward. Occupancy:	Dec-12	88%	71%	83%	44%	83%
Medical Surgical Unit	The total number of admitted inpatients	Jan-13	95%	73%	85%	55%	98%
(Med Surg)	divided by the total number of licensed	Feb-13	93%	59%	87%	61%	95%
Jail Unit (Jail)	beds on that unit and reported as	Mar-13	91%	62%	82%	47%	93%
Jan Jine (Jan)	percentage.	Apr-13	88%	82%	85%	57%	99%
ICUs (Excluding Burn ICUs)		May-13	88%	66%	82%	57%	90%
Duni 100s)	Source of Data: Affinity	Jun-13	82%	71%	80%	60%	81%
OB/GYN Unit		Jul-13	88%	79%	82%	42%	88%
(Med Surg)		Aug-13	93%	79%	83%	44%	91%
		* Burn=]	Both ward (1	0) and ICU	s (10)		